

# BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY (BCIT), CANADA

# STUDY ABROAD APPLICATION FORM

APPLICANT INFORMAT	ION			
First Name:				
Middle Name(s):				
Last Name:				
Preferred First Name:				
Gender:		Male		
		Female		
Date of Birth:	Month:	Day:	Year:	
Citizenship/Language				
Country/countries of				
Citizenship:				
Country of Birth:				
Status in Canada:	Do you ne	ed a <u>visa</u> (check link	!)? Yes: 0 No: 0	
	Do you ha	ve a visa already? Na	ame & Duration:	
Is English your primary		Yes		
language?		No		
Language(s) you speak:				
Aboriginal Status				
Do you identify yourself as	an 🗆	Yes		
Aboriginal person?		No		
		First Nations		
If yes, are you		Métis		
		Inuit		
Contact Information				
Mailing Address				
(Street Name/Number): _				
City:				
State/Province:				
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Postal Code:	
Country:	
Email Address(es):	
Home Phone Number:	(+country code!)
Mobile Phone Number:	(+country code!)
<b>Emergency Contact</b>	
First Name:	
Last Name:	
Phone Number:	(+country code!)
Email Address:	(*country country
Relationship to Applican	
(etc. mother, uncle, friend	
(ecol modifor) union, mion	
EDUCATION HISTORY	,
Highest level of education	completed (e.g. Abitur, Bachelor, Master):
Name of Institution:	
Year of completion/last ye	ear of Studies:
CECLIDITY OLIFCTION	
SECURITY QUESTION	
For security reasons within	in the online (application) system that BCIT uses, please provide
•	:
•	
PROGRAM SELECTIO	N
	udy Abroad for International Students
Desired Start of Studies:	
□ Spring (Jar	
□ Summer (A	Apr)
☐ Fall (Sept)	
Are you applying for 1 or	2 study abroad semesters?
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before/do you ha	ave a BCIT ID already?
-	artner university?
1ENTS	
ciency:	
ted: overall) overall) overall) st Score: st Date:	
on, city and cou	intry where you are <u>currently attending</u> :
From:	Until:
(e.g. Bachelor	)

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Attendance Dates	_		
(Month/Year):	From:	Until:	
Graduate Studies (e.g.	Master)		
Name			
Title of Study Program:			
Street:			
State/Province:			
City:			
Postal Code:			
Attendance Dates			
(Month/Year):	From:	Until:	
APPLICATION AGREEN	MENT		

#### **Legal - Privacy Notice**

BCIT collects information about students ("personal information") under the authority of the College and Institute Act, RSBC, 1996, c. 52 and section 26 of the Freedom of Information and Protection of Privacy Act RSBC, 1996, c. 165.

The personal information that you provide through this application will be placed in your BCIT student record. This information will be used and disclosed only for purposes directly related to and needed by BCIT to assess your eligibility for admission, enrolment, decisions on your academic status, graduation, record keeping, statistical research or program evaluation and other purposes consistent with BCIT's mandate and the administration and operation of its programs and services pursuant to the College and Institute Act and you being a member of the BCIT community and attending a public post-secondary institution in the Province of British Columbia including the programs of the BCIT Student Association, BCIT Alumni Association, and the BCIT Foundation, and as required by provincial and federal government authorities or authorized by law. For questions about the collection, use and disclosure of personal information by BCIT, visit www.bcit.ca/admission/privacy or contact the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby BC V5A 3H2; Tel: 604-432-8508 Email: privacy@bcit.ca. By submitting your application for admission to BCIT, you consent to the collection, use, and disclosure of your personal information as described above.

☐ I agree with the conditions and terms mentioned above\*

\*Mandatory to check the box!

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## APPLICATION FEE

All applicants must pay the non-refundable application fee. Your application will not be processed without your signature and application fee.

Method of Payment ⊗ Credit Card	
Please choose one of the following:  Uisa MasterCard	
Total amount to be charged:	\$ CAD
Credit Card Number: Expiration Date (month/year): CVV2 (security code):	
Cardholder's name: Cardholder's Relationship to Applicant (e.g. father, friend, self)	
Cardholder's Billing Address:	
Cardholder's Signature:	
	By signing above, I authorize the BCIT to charge my credit card for the amount I have entered above.

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CERTIFICATION
All applicants must sign below.
I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. <a href="Important Reminder:">Important Reminder:</a> Only complete applications will be reviewed.
Applicant Signature:  City, Date (mm/dd/yyyy):
AUTHORIZATION FOR IEC ONLINE GMBH TO PROCESS THE APPLICATION
All applicants must sign below.  I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form of the BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY via an electronic online application form created and maintained by the BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY.

## Please submit your application with all required documents to IEC:

IEC Online GmbH Bewerbungsbetreuung Marienstrasse 19/20 10117 Berlin Germany

Applicant Signature:

City, Date (mm/dd/yyyy):